

☒ **REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

1/6

or

☐ **REPORT OF LOBBYING COALITION**

(2 Cal. Code of Regs. Section 18616.4)

FORM 635
1993

IMPORTANT: Lobbying Coalitions must attach a completed Form 635-C to this Report.

REPORT COVERS PERIOD FROM 10/01/2009 **THROUGH** 12/31/2009

CUMULATIVE PERIOD BEGINNING 01/01/2009

TYPE OR PRINT IN INK

For information required to be provided to you pursuant to the Information Practices Act of 1977, see [Information Manual on Lobbying Disclosure Provisions of the Political Reform Act](#).

FOR OFFICIAL USE ONLY

A AMENDMENT 001

B

NAME OF FILER:

PACIFIC LIFE INSURANCE COMPANY

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

NEWPORT BE -
ACH

CA

92660

PART I - LEGISLATIVE OR STATE AGENCY ADMINISTRATIVE ACTIONS ACTIVELY LOBBIED DURING THE PERIOD

(See instructions on reverse.)

SB 98; GOVERNOR'S OFFICE OF INSURANCE ADVISOR; BUSINESS,TRANSPORTATION & HOUSING RE SB 98

☐ If more space is needed, check box and attach continuation sheets.

SUMMARY OF PAYMENTS THIS PERIOD

A. Total Payments to In-House Employee Lobbyists (Part III, Section A, Column 1)	\$	<u>0.00</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4)	\$	<u>3627.55</u>
C. Total Activity Expenses (Part III, Section C)	\$	<u>7314.69</u>
D. Total Other Payments to Influence (Part III, Section D)	\$	<u>0.00</u>

GRAND TOTAL (A + B + C + D above)	\$	<u>10942.24</u>
---	----	-----------------

E. Total Payments in Connection with PUC Activities (Part III, Section E)	\$	<u>0.00</u>
---	----	-------------

F. Campaign Contributions: ☒ Part IV completed and attached ☐ No campaign contributions made this period

VERIFICATION

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)
04/22/2010

At (City and State)
NEWPORT BEACH,CA

By (Signature of Employer or Responsible Officer)
THOMAS J. MAYS

Name of Employer or Responsible Officer (Type or Print)
THOMAS J. MAYS

Title

PERIOD COVERED: 10/01/2009 12/31/2009NAME OF FILER: PACIFIC LIFE INSURANCE COMPANY**PART II - PARTNERS, OWNERS, AND EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT** (See instructions on reverse.)

Name and Title	Name and Title

☐ If more space is needed, check box and attach continuation sheets.
PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES

A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS (See instructions on reverse. Also enter the Amount This Period (Column 1) on Line A of the Summary of Payments section on page 1.)	(1) Amount This Period	(2) Cumulative Total To Date
	\$ 0.00	\$ 0.00

B. PAYMENTS TO LOBBYING FIRMS (Including Individual Contract Lobbyists)					
Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advances or Other Payments (attach explanation)	(4) Total This Period	(5) Cumulative Total to Date
NORWOOD & ASSOCIATES	3250.00	377.55	0.00	3627.55	33198.63
SACRAMENTO CA 95814					

☐ If more space is needed, check box and attach continuation sheets
TOTAL THIS PERIOD (Column 4)

Also enter the total of Column 4 on Line B of the Summary of Payments section on page 1.

\$ 3627.55

PERIOD COVERED: 10/01/2009 12/31/2009

NAME OF FILER: PACIFIC LIFE INSURANCE COMPANY

C. ACTIVITY EXPENSES (See instructions on reverse.)

Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each		Description of Consideration	Total Amount of Activity
12/20/2009	ORANGE COUNTY PERFORMING ARTS - CENTER COSTA MESA CA 92626	RON CALDERON CALIFORNIA STATE SENA - TOR	\$ 117.66	TICKETS	\$ 235.32
12/20/2009	SCOTT'S SEAFOOD COSTA MESA CA 92626	RON CALDERON CALIFORNIA STATE SENA - TOR	185.18	MEALS/BEVER - AGES	370.37
12/30/2009	QUALCOMM STADIUM SAN DIEGO CA 92108	TOM UMBERG VICE CHAIRPERSON CALI - FORNIA HIGH SPEED RAIL AUTHORITY	318.00	TICKETS TO H - OLIDAY BOWL/ - MEALS/BEVER - AGES	6709.00
12/30/2009	QUALCOMM STADIUM SAN DIEGO CA 92108	PAUL DRESS CHIEF OF STAFF TO STATE ASSEMBLYMEMBER JIM S - ILVA	120.00	HOLIDAY BOWL TICKETS	0.00
12/30/2009	QUALCOMM STADIUM SAN DIEGO CA 92108	CURT HAGMAN CALIFORNIA STATE ASSE - MBLYMEMBER	420.00	TICKETS TO H - OLIDAY BOWL/ - MEALS/BEVER - AGES	0.00
<input checked="" type="checkbox"/> If more space is needed, check box and attach continuation sheets. TOTAL SECTION C (Activity Expenses) Also enter the total of Section C on Line C of the Summary of Payments section on page 1.					\$ 7314.69

D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION

☐ NOTE: State and local government agencies do not complete this section. Check box and complete Attachment Form 640 instead.

1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.)

\$ 0.00

2. OTHER PAYMENTS

\$ 0.00

TOTAL SECTION D (1 + 2) Also enter the total of Section D on Line D of the Summary of Payments section on page 1.

\$ 0.00

E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION

Also, enter the total of Section E on Line E of the Summary of Payments section on page 1. (See instructions on reverse.)

\$ 0.00

PERIOD COVERED: 10/01/2009 12/31/2009NAME OF FILER: PACIFIC LIFE INSURANCE COMPANY

PART IV -- CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

- A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which
Has Filed A Campaign Disclosure Statement:

Identification Number if
Recipient Committee: _____

PACIFIC LIFE INSURANCE COMPANY

- B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

Date	Name of Recipient	I.D. Number if Committee	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

☐ If more space is needed, check box and attach continuation sheets.

NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

PERIOD COVERED: 10/01/2009 12/31/2009NAME OF FILER: PACIFIC LIFE INSURANCE COMPANY**C. ACTIVITY EXPENSES** (See instructions on reverse.)

Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each		Description of Consideration	Total Amount of Activity
12/30/2009	QUALCOMM STADIUM SAN DIEGO CA 92108 Reference No:	MIMI WALTERS CALIFORNIA STATE SENA - TOR	\$ 360.00	TICKETS TO H - OLIDAY BOWL/ - MEALS/BEVER - AGES	\$ 0.00
TOTAL SECTION C (Activity Expenses) Also enter the total of Section C on Line C of the Summary of Payments section on page 1.					\$ 7314.69

AMENDMENT TO LOBBYING DISCLOSURE REPORT

6/6

FOR USE BY FILERS AMENDING REPORTS FILED PURSUANT
TO GOVERNMENT CODE SECTIONS 86100-86117

FORM 690
1990

TYPE OR PRINT IN INK

FOR OFFICIAL USE ONLY

A

B

For information required to be provided to you pursuant to the Information Practices Act of 1977, see [Information Manual on Lobbying Disclosure Provisions of the Political Reform Act](#).

NAME OF FILER:
PACIFIC LIFE INSURANCE COMPANY

NAME OF EMPLOYER OR FIRM: (If this amendment is being filed by a lobbyist)
PACIFIC LIFE INSURANCE COMPANY

BUSINESS ADDRESS OF FILER: (Number and Street)	(City)	(State)	(Zip Code)	TELEPHONE NUMBER:
	NEWPORT BEA - CH	CA	92660	

(The information required must correspond to the information provided on the original report filed.)

1. The following information amends the lobbying disclosure report Form No. F635 executed on 01/31/2010
(Mo. - Day - Year)
for the period 10/01/2009 to 12/31/2009.

2. Amended information affects items on Part(s) III Section(s) C.

3. Describe changes below.

ADDING ACTIVITY EXPENSE INADVERTENTLY OMITTED.

VERIFICATION

I have used all reasonable diligence in preparing this Amendment. I have reviewed the Amendment and to the best of my knowledge the information contained herein is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date) 04/22/2010	At (City and State) NEWPORT BEACH, CA	By (Signature of Filer) THOMAS J. MAYS
Name of Filer (Type or Print) THOMAS J. MAYS		Title